

Title 24: Mental Health

Part 2: Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Service Providers

Part 2 Chapter 32: Intensive Community Supports for Serious Emotional Disturbance and Serious Mental Illness

Rule 32.19 Mississippi Youth Programs Around the Clock (MYPAC)

A. Service Components

1. MYPAC services are defined as treatment provided in the home and/or community to children and youth with serious emotional disturbance from birth up to the age of twenty-one years (21). MYPAC services are time-limited, intensive interventions intended to diffuse a crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence. The ultimate goal is to stabilize the living arrangement, promote reunification, and/or prevent the over-utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, therapeutic group home, and/or residential treatment facility).
2. MYPAC services are individualized for children and youth who experience severe and impairing psychiatric symptoms and behavioral disturbances.
3. MYPAC services are most appropriate for children and youth who have not benefitted from traditional outpatient services, have experienced frequent acute psychiatric hospitalizations and/or psychiatric emergency stabilization services in the *past 90 days*.
4. MYPAC services are person-centered and individually tailored to each child or youth and family and address the preferences and identified goals of each child/youth and family.
5. MYPAC is mobile and delivers services in the community and in the child/youth's home.
6. Staff assigned to each child/youth's case work as a team and provide the treatment and support services the children/youth need to achieve their goals. Staff share responsibility for addressing the needs of the children/youth and their families receiving this service.
7. Each MYPAC therapist will serve only children/youth receiving MYPAC services and will have a minimum caseload requirement of at least five (5) children/youth and a maximum caseload of 20 children/youth. The provider agency must maintain a roster for each MYPAC therapist of children/youth served for review.

B. Admissions Criteria

1. To receive MYPAC services, children/youth must meet *all* the following criteria:
 - a) The child/youth has been evaluated and/or diagnosed by a psychiatrist or licensed psychologist in the past ninety (90) days as it relates to a mental, behavioral, or

emotional disorder of sufficient duration to meet diagnostic criteria for a Serious Emotional Disturbance (SED) specified within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The primary diagnosis must be psychiatric.

- b) The child/youth must be able to demonstrate a capacity to respond favorably to rehabilitative counseling and training in areas such as problem-solving, life skills development, and medication compliance training (i.e., demonstrates a capacity for positive response to rehabilitative services).
 - c) The evaluating psychiatrist or licensed psychologist advises that the child/youth meets criteria for Psychiatric Residential Treatment Facility (PRTF) level of care.
 - d) The child/youth requires specialized services and supports, and an array of clinical interventions and family supports to be maintained in the community.
 - e) The child/youth presents with a high use of acute psychiatric hospitalizations (e.g., two [2] or more admissions per year) or psychiatric emergency/stabilization services.
2. In addition to the requirements noted in number one (1) above, children and youth may also be appropriate for MYPAC services if the child/youth is:
- a) Currently residing in an inpatient facility or PRTF level of care due to the lack of availability of appropriate placement but has been clinically assessed to be able to live in a community-based setting if intensive services are provided.
 - b) At high risk for juvenile justice involvement or has a recent history of juvenile justice involvement (e.g., arrest, incarceration) and has a SED diagnosis in the past 90 days.

C. Discharge Criteria

1. In order to discharge from MYPAC services, children/youth must meet the following criteria:
- a) Have successfully reached individually established goals for discharge, and when the person and agency provider employees mutually agree to the termination of services.
 - b) Have successfully demonstrated an ability to function at home and in the school setting without ongoing assistance from the agency provider, without significant relapse when services are withdrawn, and when the person requests discharge, and the agency provider mutually agrees to the termination of services.
 - c) Move outside the geographic area. In such cases, the agency provider must arrange for transfer of mental health service responsibility to another agency provider and maintain contact with the child/youth and family until this service transfer is implemented.
 - d) Decline or refuse services and request discharge, despite the provider/agency's best efforts to develop an acceptable Individual Service Plan with the child/youth and family.
 - e) Have reached the age of 21 and will be referred to an appropriate service for adults.

D. Service Requirements

1. Providers of MYPAC services must meet the following requirements:
 - a) Hold certification by DMH to provide Crisis Response Services, Community Support Services, Peer Support Services, Physician/Psychiatric Services, and Outpatient Therapy Services.
 - b) Have a psychiatrist or psychiatric nurse practitioner on staff that is at least part-time to evaluate and treat children/youth receiving MYPAC services at least every 90 days or as frequently as needed based on the needs of the child/youth.
 - c) Have appropriate clinical staff that meet DMH requirements to provide the therapeutic services needed.
 - d) Coordinate services and needed supports with other providers and/or natural supports when appropriate and with consent.
 - e) Provide education on wellness, recovery, and resiliency.
 - f) Have procedures in place for twenty-four (24) hour, seven (7) days a week availability and response (inclusive of crisis response services).
2. Required services include the following:
 - a) Individual and Family Therapy
 - b) Peer Support Services
 - c) Community Support Services
 - d) Psychiatric/Psychiatric Nurse Practitioner Services.
3. MYPAC services must be provided to children/youth based on the child/youth's needs as identified as a part of an individualized Service Plan.
4. Each beneficiary receiving MYPAC services must have an Individual Service Plan on file which describes the services to be provided, frequency of service provision, and a plan for anticipating, preventing, and managing crises documented in the Individual Crisis Support Plan.
5. The provider agency must designate a supervisor to coordinate MYPAC services. The supervisor must hold a minimum of a master's degree in a mental health or related field and have either a (1) professional license or (2) a DMH credential.

E. Contact Requirements

1. The agency must have the capacity to provide multiple contacts during a week with children/youth being served through MYPAC. These multiple contacts may be frequent and depend on individual need and a mutually agreed upon plan between the family and agency provider staff providing services.

2. If the child/youth is on psychotropic medication, then the child/youth must be seen at least every 90 days (unless otherwise directed by the prescribing provider) by a psychiatrist or psychiatric nurse practitioner on staff.
3. Children/youth receiving MYPAC must participate in at least one (1) individual therapy session per week provided by a therapist who holds a minimum of a master's degree in a mental health or related field and has either a (1) professional license or (2) a DMH credential.
4. At least one (1) family session per month by a therapist who holds a minimum of a master's degree in a mental health or related field and has either a (1) professional license or (2) a DMH credential. All sessions and contacts must be documented in the case record.
5. If the child/youth is not receiving Wraparound Facilitation, then a Peer Support Specialist and/or Community Support Specialist must contact the family at least two (2) times per week via telephone or face-to-face contact. The Peer Support Specialist must be an individual with lived experience of having a child with a SED diagnosis and hold the DMH Certified Peer Support Specialist credential. The Community Support Specialist must hold at least a bachelor's degree in a mental health or human services/behavioral health-related field and at least a DMH Community Support Specialist credential.
6. If the child/youth participates in Wraparound Facilitation, the MYPAC provider must be a participating team member and attend the monthly Child Family Team Meeting.
7. The provider agency must be able to respond to crises/emergencies for each child/youth and family served 24 hours per day/7 days per week.

F. Service Review

1. DMH will conduct scheduled fidelity reviews of MYPAC services and may also conduct onsite compliance monitoring on a schedule as determined by DMH.

Source: Section 41-4-7 of the Mississippi Code, 1972, as amended